

Minutes of the stakeholders meeting on Health Recovery Strategy and Plan for Northern Uganda held on the 2nd November 2007 at Hotel Africana

Background

The Ministry of Health with support from the health nutrition and HIV/AIDS cluster led by WHO, organized a consultative meeting of stake holders to discuss the modalities for operationalizing the Peace Recovery and Development Plan (PRDP) through the development of a health recovery strategy and plan. The half day meeting which was on Friday 2nd November 2007 was attended by CAOs and DHOs from Acholi, Lango, Teso and Karamoja regions of the Uganda, donor partners, key MOH officials and cluster members drawn from the UN and NGOs.

The objectives of the meeting were:

- I. To reach a common understanding among key health stakeholders on the purpose of the health sector recovery strategy for northern Uganda, its challenges and opportunities
- II. To identify main linkages with on going relevant planning process and existing coordination mechanisms and
- III. To agree on the overall process and the immediate steps/activities and responsibilities for taking the process forward.

Agenda

1. Opening remarks by MOH
2. Brief comments by WHO
3. Presentations
 - a) Opportunities and challenges in health sector recovery: Key lessons learned from other countries presentation by Dr. Sandro Colombo WHO Geneva
 - b) Strategic framework for health sector recovery in northern Uganda: key areas for policy debate presentation by Dr. Giorgio Cometto Consultant
 - c) Mainstreaming the health sector recovery in to the budgeting process presentation by Dr. George Bagambisa Ass. Commissioner pf Planning MOH
 - d) The road map presentation by Dr. Olu Olushayo WHO Uganda
4. Way forward
5. Questions and answers
6. Closing remarks

Summary of discussions

Minute 1/11/07 Opening remarks by Dr. Sam Zaramba, Director General, Health Services MOH

The meeting was called to order at 11:30 am by Dr. Sam Okware, Commissioner of Health Services who emphasised the need for sharing and consultation with the districts on how to move forward the health component of Peace, Recovery and Development Plan (PRDP). He said this is a big challenge in the health sector now that the displaced people were returning to their homes. He said a consultant with a broad technical knowledge on health recovery process was identified by WHO to develop a framework on how to proceed

with PRDP.

Dr. Zaramba in his opening speech welcomed every one on behalf of the Ministry of Health and encouraged the district leaders to provide a supportive and peaceful environment that would encourage transition from emergency to peace and development. He stressed that this strategy provides an opportunity for all stake holders to participate in the process. He also said that the PRDP covers the districts in West Nile, Karamoja, Northern Uganda, North eastern Uganda including Pallisa and Budaka districts. "It's our hope that the draft will help go round the challenges that the strategy has. Northern districts performed well and we hope that we can own this process". Said Dr. Zaramba. He encouraged the districts to work with the Ministry all the time since they are the implementers and said this is a consultation process and the ministry will consult as widely as possible.

Minute 2/11/07 Brief comments by Dr. Melville George, WHO Representative

Dr. Melville George, represented by Dr. Olu called for commitment from the districts saying it is very crucial for the success of this program. He commended all stakeholders for showing commitment and interest to this process and the need to know more. He called on all those present to work together to make the strategy a reality. He said that all stakeholders are learning. He also said that the PRDP will pose more challenges now that WHO and other partners are moving to other districts.

Minute 3 (a)/11/07 A presentation on opportunities and challenges in health sector recovery: key lessons learned from other countries. Dr. Colombo WHO Geneva

Dr. Colombo in his presentation outlined the opportunities and challenges posed by health sector recovery. He said the opportunities of health recovery include peace dividends (more aid; and reallocation of domestic resources), return of IDPs to their homes and opening of new areas. The challenges include recovery programmes are often new and costly, low fund disbursement rate and absorption/implementation capacity, financing gaps and skewed allocation of resources. He stressed that challenges faced in service delivery include early departure of humanitarian agencies, high expectations from communities and population dispersion. He concluded by sharing with participants some best practices which include:

1. Building recovery plans on sound forecast of resources and capacity constraints
2. Resisting the adoption of radical blueprint models imported from abroad
"...the initial focus should be on repair, on getting things working not on reform..."
WHO 2005
3. Start the work on health sector recovery soon: the experience of Mozambique recovery

Minute 3 b/11/07 Strategic framework for health sector recovery in northern Uganda: key areas for policy debate. Presentation by Dr. Giorgio Cometto Consultant

Dr. Giorgio Cometto, the health recovery consultant outlined his presentation in four key areas namely the PRDP process, situation analysis of the health system in Northern Uganda, objectives of early recovery and key areas for policy debate. He noted that the PRDP would focus on priority areas which will help to consolidate peace and economic development in northern Uganda. He identified the limitations to his consultancy and development of the health recovery strategy as short timeframe, limited consultations, mostly based on existing literature and interviews and lack of clarity on implementation and funding modalities of PRDP. He analysed the northern Uganda health sector using a WHO analytical framework which includes

stewardship, generation of inputs (drugs, HR, infrastructures), financing, service provision, health outputs and outcomes. He gave the objectives of the recovery as;

- To strengthen health systems and restart services
- To gradually expand their coverage
- To improve health outcomes
- To contribute to restore livelihood and maintain peace.

He identified areas for policy debate as:

a) Stewardship

- Coordination. Government will play an important role
- Planning
- Governance to be achieved through;
- Capacity building and management

b) Inputs

- Health care network (rehabilitation, construction, population movement patterns)
- Human Resource (management, supervision, motivation, incentives and retention)
- Drugs (medical supply chain)

c) Financing

- Sources. Resource allocation
- Funding channels
- Resource envelope vis-à-vis needs
- Link to budget development process for FY 2008/09

d) Service provision

- Constraints in absorption capacity
- Strategies to improve efficiency in service provision
- Strengthening and streamlining public private partnerships
- Monitoring framework health sector recovery.

He concluded by saying that successful health sector recovery needs strengthening governance and management, adequate level, efficient and equitable mechanisms of financing, infrastructure, human resource, drugs, broad support and collaboration of health sector stakeholders

Minute 3c/11/07. Mainstreaming the health sector recovery in to the budgeting process presentation by Dr. George Bagambisa, Assistant Commissioner of Planning MOH

Dr. Bagambisa stressed that the budget cycle and process is well described by the budget act. He highlighted the criteria for resource allocation to districts as populations in the district, number of children under 5, poverty index, existing sources of funds and number of referral hospitals.

Minute 3d/11/07 The road map for the finalization of Health, Nutrition and HIV/AIDS Recovery strategy. By Dr. Olushayo Olu WHO

Dr. Olu presented the road map for the health recovery strategy and plan. He stressed that the development of the strategy and plan are not one-off activities but a process which will take sometime. He elaborated on the road map which started in November 2007 and will be concluded in June 2008. (see attached document for highlights of the road map)

Minute 4/11/07 Way forward by Dr. Sam Okware, MOH

This session was facilitated by Dr. Okware Sam, Commissioner of Community Health Services who said MOH endorses the process the process of the health recovery strategy and plan formulation. He said that as part of commitment to the recovery process the immediate thing will be establishment of a small working team. He said that the road map of the recovery process is very ambitious; therefore the need for commitment of everybody at central and district levels. He mentioned that the ministry of health's focal point for activity will be communicated to the participants shortly.

Minute 5/11/07 Questions, answers and comments

Some of the questions, comments and answer following the presentation include:

Q: Mention was made about partnership with the private sector, however the private sector was not represented at the meeting (Mr. Benedict Kanu, African Development Bank)

A: Apologies for not having the private sector in the meeting but emphasized that the MOH has a strong public -private sector partnership.

Q: How can districts handle planning with NGO's and other partners in the district? (Ms Rhoda, Kitgum District Local Government)

A: Every person/partners working in the health sector in the district must declare their resources to the districts and not work independently. The partners should also be involved in the planning and budgeting process of the district

Q: Is funding for PRDP additional or part of existing budget (Dr. Filippo Ciantia, AVSI)

A: Scaling up means additional resources in so the funding for PRDP is additional and not existing

Q: How do we handle PRDP in our budget yet the resources allocated to the districts don't meet the critical minimum. Allocation therefore becomes hard especially for the 50%. Is this strategy not for the central? (Mr. Ocakara Nicholas, CAO Katakwi)

A: The districts should spend according to priority areas. This should be guided by key people in government.

Q: According to the presentation of Dr. Colombo on dangers and opportunities, Onyam district seems to fall under this category because:

a) The district doesn't have a hospital but has got an x-ray machine. As leaders from Onyam district, they look at it at the x-ray machine as an opportunity and having no hospital as a danger.

b) It's also a danger for Onyam district to have a maternity centre in a health centre II. (Mr. Ongom Oscar Onyam District Local government)

A: This was answered to by Dr. Onek DMO Gulu. He advised that Oyam district is very lucky to have the x-ray machine which Gulu district has not been able to in the past years. For the maternity unit Dr. Onek suggested that the health centre II be upgraded as a health centre II is

meant to have a maternity unit and not centre

Q: How best can we coordinate partners? (Dr. Onek, DMO Gulu)

A: This can be done by involving all stakeholders in the planning process

Q: Has the cluster approach helped in the coordination and sharing of information in a timely manner and has it helped in rationalizing resources? (Dr. George Melville, World Health Organization Representative)

A: Mr. Isodo CAO Lira said that implementing the cluster system approach has been good. But coordination within the District Local Governments have led to poor coordination in the districts. This he said is due to disagreements over resource allocation.

Comments

Mr. Randolph Harris of USAID recommended basket funding address the issue of coordination. He said some donors are responsible for problems in districts. He advised that M.o.U's should be signed between Local governments and partners working in the district. Giving an example of how the Ebola outbreak in 2000 was one of best activities for planning, Mr. Hans urged all partners to learn from that and have joint planning in the recovery process.

Dr. Solomon from WHO Gulu recommended that good planning, identification of the problems and implementation by the districts should be done together with partners. He further said that during WHO monthly meetings in Gulu, information on who is doing what in the districts is shared. This is to avoid duplication of services. He explained that coordination meetings should improve efficiency and effectiveness. He said that any partners working in the district can be influenced if the district is strong.

Minute 6/11/07 Closing remarks by Dr. Zaramba

In his closing remarks, Dr. Zaramba encouraged the districts to avoid repeating mistakes made during the war and improve on how to work in the districts. He also asked District Medical Officers to be in charge. If the technical partners decide to give assistance, then they should pay allegiance to District systems. He urged districts to collaborate, work together and build on what is already there to make an impact.

The meeting was closed at 12.50pm